

# Homeland Security Training Request Form



<b>TRAINING EVENT INFORMATION</b>				
Course Name				
Planned Date and Time				
DHS Course Provider				
Host Agency				
Host Contact				
Host Phone				
Host Email				
How did you hear about our training?				
<b>TRAINING POINT OF CONTACT (if different than host)</b>				
Name				
Phone and Fax				
Email				
<b>TRAINING LOCATION</b>				
Building and Room Name				
Building and Room Address				
City/State/Zip				
Do you have a classroom that can comfortably seat 40 students? (Highlight answer)	Yes	No	If not, how many individuals will the classroom accommodate at full capacity?	
<b>MATERIAL SHIPPING LOCATION (if different than training location)</b>				
Shipping Address (if different)				
City/State/Zip				

If you need further assistance, contact:

Junnadel Bowling  
State Training Program Coordinator  
Office of the Governor  
Kentucky Office of Homeland Security  
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Email: [junnadel.bowling@ky.gov](mailto:junnadel.bowling@ky.gov)